

# Provider Type 38 Waiver for Individuals with Intellectual Disabilities and Related Conditions ICF/ID Reimbursement Schedule

**Updated: May 1, 2015**

The data contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information provided herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

**Note:**

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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[Modifier List](#)

Specialty	Proc	Mod	Desc	Rate
000	96152	HO	INTERVENE HLTH/BEHAVE INDIV	21.23
000	96152	HN	INTERVENE HLTH/BEHAVE INDIV	18.46
000	H0004	HQ	ALCOHOL AND/OR DRUG SERVICES	6.39
000	H0004		ALCOHOL AND/OR DRUG SERVICES	25.57
000	S9123	TV	NURSING CARE IN HOME RN	55.10
000	S9123		NURSING CARE IN HOME RN	36.73
000	S9124	TV	NURSING CARE, IN THE HOME; B	40.92
000	S9124		NURSING CARE, IN THE HOME; B	27.28
000	S9470	TN	NUTRITIONAL COUNSELING, DIET	65.45
000	S9470		NUTRITIONAL COUNSELING, DIET	56.10
000	T1001		NURSING ASSESSMENT/EVALUATN	128.68
000	T2003		N-ET; ENCOUNTER/TRIP	50.00
000	T2014		HABIL PREVOC WAIVER, PER D	146.22
000	T2017	UJ	HABIL RES WAIVER 15 MIN	3.12
000	T2017		HABIL RES WAIVER 15 MIN	6.25
000	T2018		HABIL SUP EMPL WAIVER/DIEM	146.22
000	T2020		DAY HABIL WAIVER PER DIEM	146.22
000	T2038		COMM TRANS WAIVER/SERVICE	18.86
211	T2020		DAY HABIL WAIVER PER DIEM	146.22
212	T2014		HABIL PREVOC WAIVER, PER D	146.22
214	T2018		HABIL SUP EMPL WAIVER/DIEM	146.22
215	H0004	HQ	ALCOHOL AND/OR DRUG SERVICES	6.39
215	H0004		ALCOHOL AND/OR DRUG SERVICES	25.57
216	T2017		HABIL RES WAIVER 15 MIN	6.25